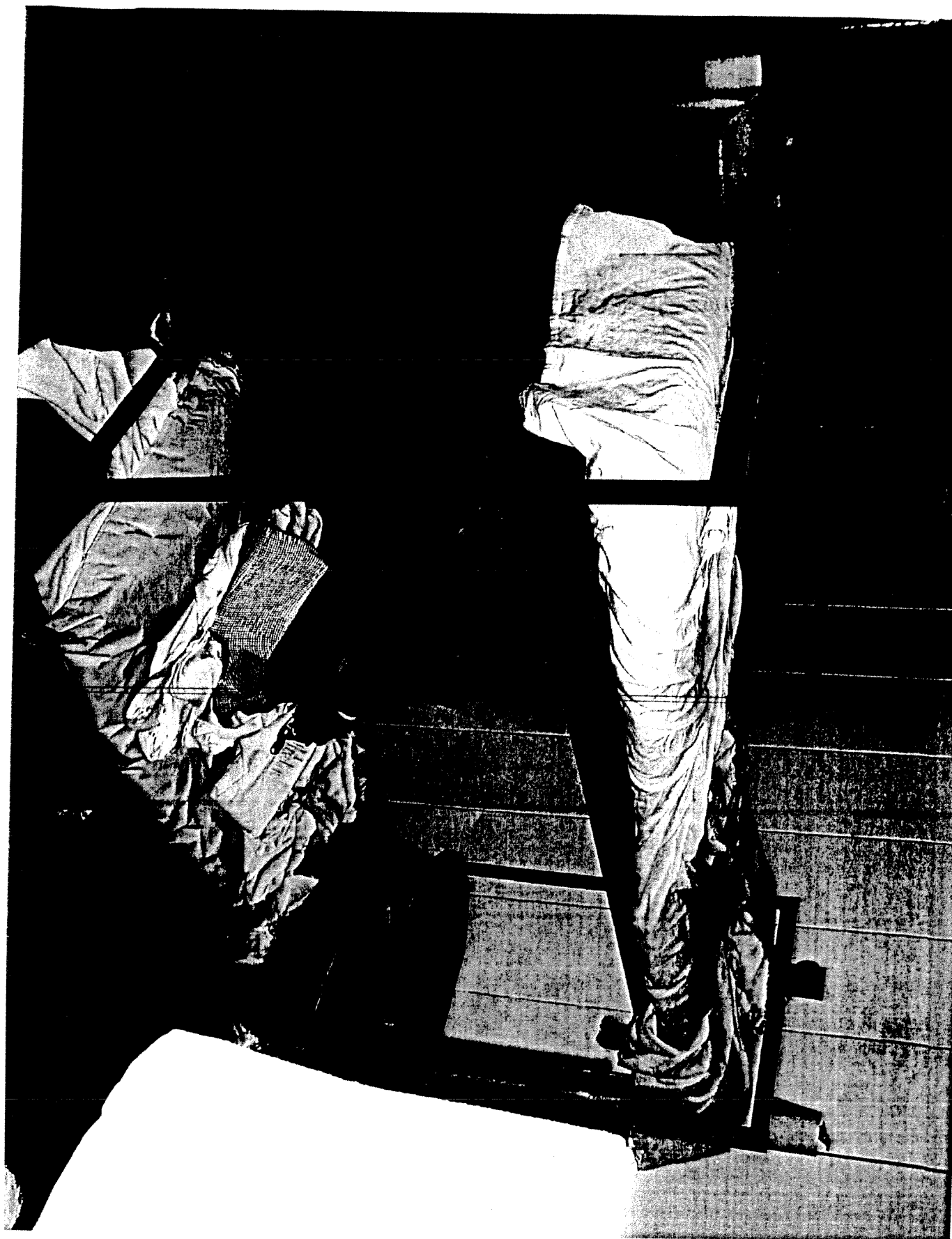
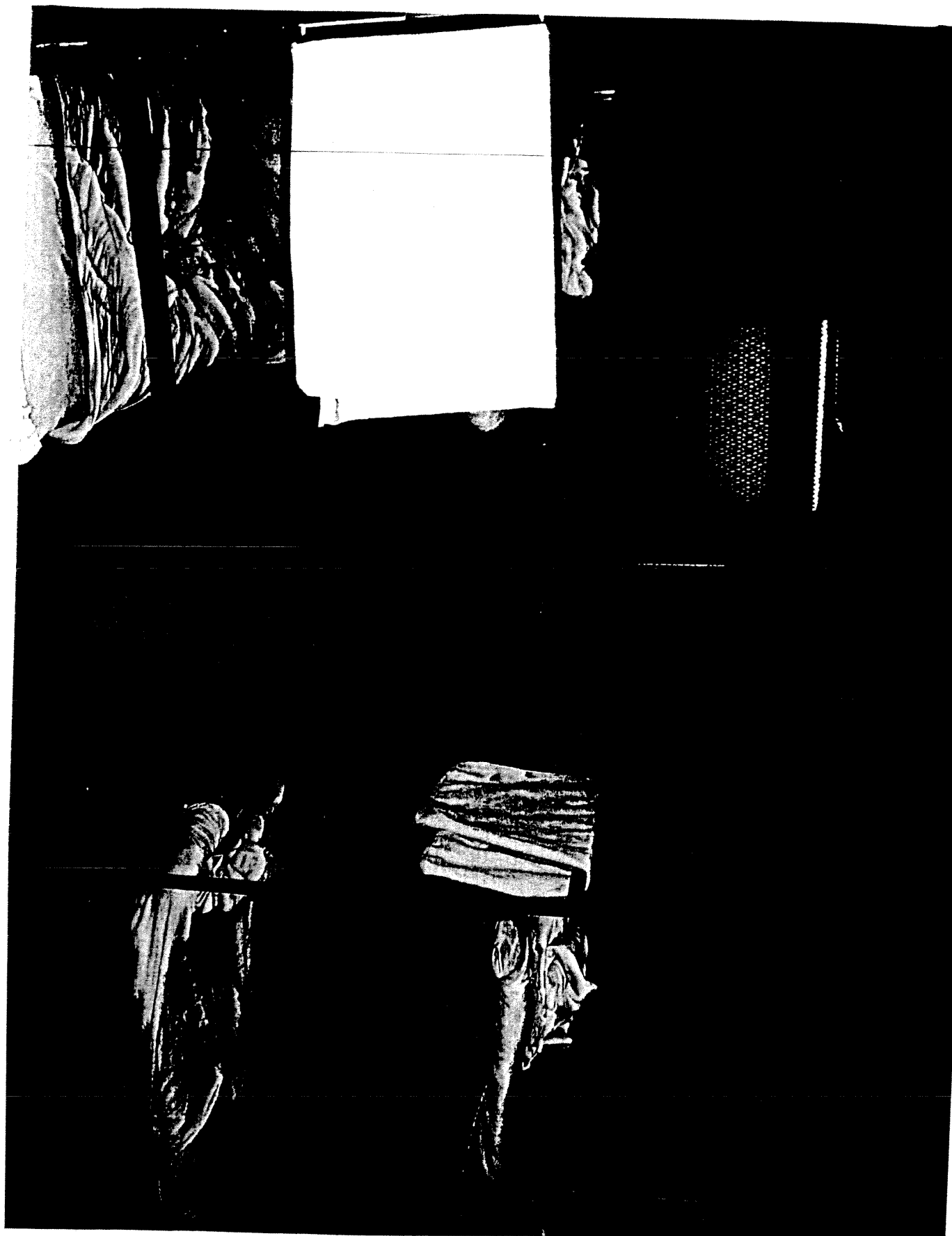


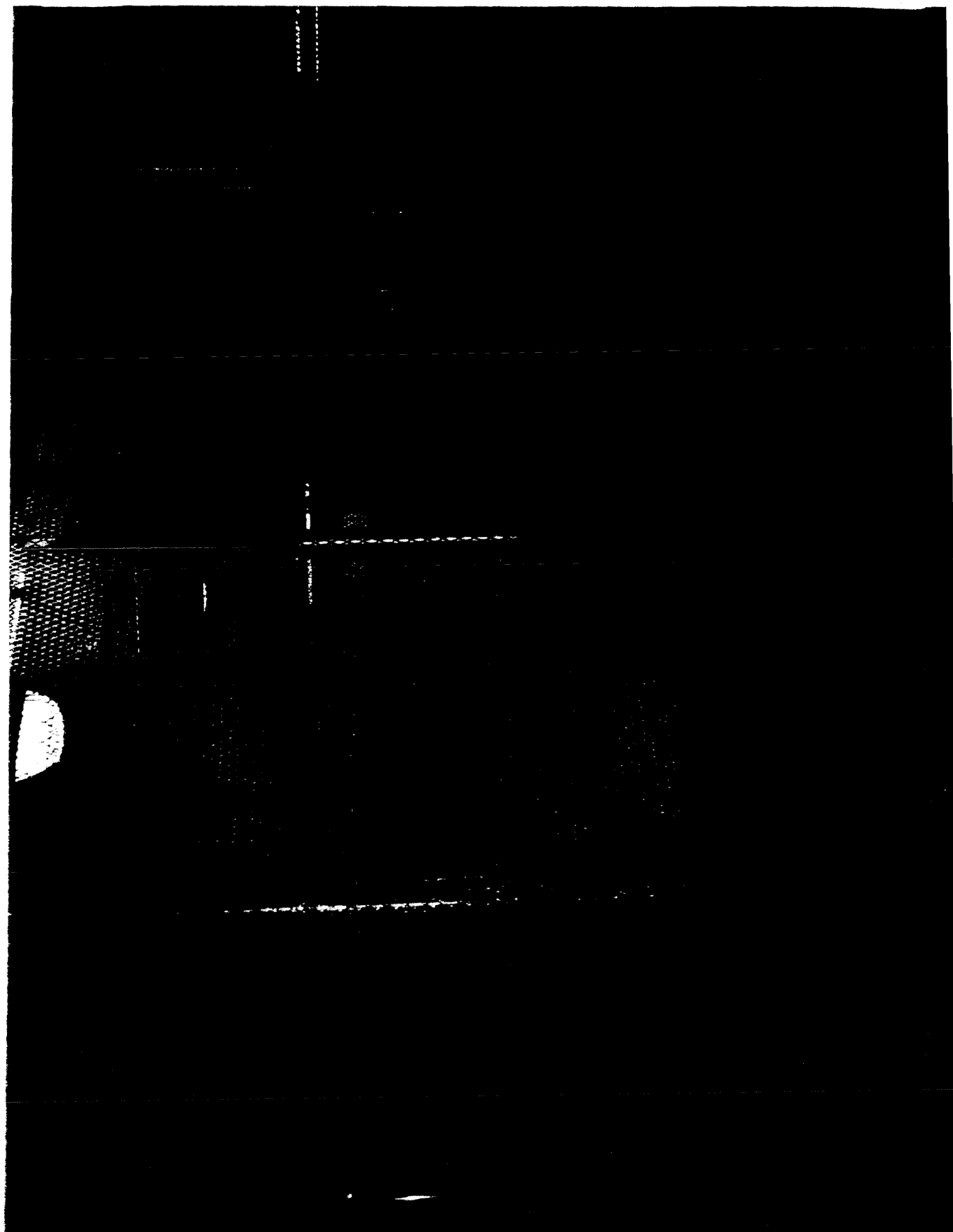
McGill/SHIAPJ08-923



McGraw-Hill Education



McGill/MSH/Ajosa-985



HINOJOSA, ALBERT 1802681

CS1MF500 T.J.C.J. DATE: 08/20

NAME: HINOJOSA, ALBERT
HONO ASSIGNMENT: USA
INMATE TYPE: 1F

CONTACT VISITS THIS MO: 0 LA
REGULAR VISITS THIS MO: 0 LA
SPECIAL VISITS THIS MO: 0 LA
ENTER NEXT TDCNO, CODE, OR REQ
PG 1=HELP, PG 2=QIS INQUIRY SCR

1802681 000 8/27/2012 001

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Correctional Institutions Division

HINOJOSA, ALBERT

I-12391-08-12

Plaintiffs' MSJ Appx. 3987

I-12391-08-12

[illegible]

McGoff, M. S. H. Ap. 23-98

HINOJOSA ALBERT 1802681

I-12391-08-12

OSTW 500

I.D.C.J. - INSTITUTIONAL DIVISION
DATE: 08/20/12 TIME: 11:51:35

INMAIL VISITORS LIST

NAME: HINOJOSA ALBERT

IDC# 01802681

STAT/ENST: L1

NK UNIT: NR

HSND ASSIGNMENT: UGA

TR SED: 006 LAST VISIT FOR LIST CHANGE:

INMATE TYPE: 11

CONTACT VISITS THIS MO: 0 LAST VISIT DATE:

CONTACT VISIT ELIS. N

REGULAR VISITS THIS MO: 0 LAST VISIT DATE:

SPECIAL VISITS THIS MO: 0 LAST VISIT DATE:

ENTER NEXT IDNO, CODE, OR REQUEST:

OR SIDNO

PF1=HELP, PF2=GIS INQUIRY SCREEN, PF5=DISAPPROVED LIST

PF10=FAMILY PAGE

I-12391-08-12

OFFENDER DEATH NOTIFICATION WORKSHEETTo: Warden E. H. GutierrezDate: 8/29/12From: Chaplain Samuel LongoriaSubject: Offender Death Notification**1. Offender Information:**

Name: Hinojosa, Albert TDCJ#: 1802681 Unit: Garza West
 Cause of Death: Unknown
 Date of Death: 8/29/12 Time of Death: 0150
 Place of Death (unit/hospital): Spohn Memorial Hospital, Beeville, Texas
 Certifying Physician/RN/JP: Batki

2. Next of Kin Contact (In order of priority, "Next of Kin" shall mean: Spouse; Adult children or guardians of minor children; Parents; Siblings):

Date: 8/29/12 Time: 0750
 Name: Rene Hinojosa Relationship: Brother
 Address: 816 Garcia St.
 City/State/Zip: Robstown, Texas 78380 Tel.: (361) 443-1363

3. Objection to Autopsy by Next of Kin (DO NOT Ask For Permission to Conduct an Autopsy):

Yes ☐ No ☒ Unable to contact ☐ N/A ☐

4. Other Family / Friend Contact:

Date: _____ Time: _____
 Name: _____ Relationship: _____
 Address: _____
 City/State/Zip: _____ Tel.: () _____

5. Sheriff's Office / Police Department Contact:

Date: 8-29-12 Time: 0339
 SO/PD: Corpus Christi Police Department Contact Person: Kay

6. Burial Arrangements:

☐ The family will claim the body. The family was instructed to call the Carnes Funeral Home at 409/986-9900.

☒ The family will not claim the body. The family was instructed to send a message by overnight mail or fax (936/437-2090) to the Huntsville Unit Warden with the following statement: "I am unable to claim the body of offender Hinojosa, Albert, TDCJ# 1802681. I am requesting that he/she be buried in the TDCJ prison cemetery." Name, address, telephone number, and relationship to the offender should be included in the letter or fax.

☐ I was unable to contact a family member or friend, burial is recommended in the TDCJ cemetery (Fax this worksheet to the Huntsville Unit Warden).

7. Reports – Send a copy of the Death Notification E-Mail, IOC detailing the notification process, letter of condolence to the family, and this worksheet to:

☒ Unit Warden;
☒ Director of Chaplaincy Operations; and
☒ Chaplain's unit file

Chaplain's Signature: _____


Date: 8-29-12

Chaplaincy Manual Policy 11.04 - Att. B

McGill/M/Hinojosa-490

I-12391-08-12

**Texas Department of Criminal Justice
Institutional Division**

Inter-Office Communications

To: Warden E. H. Guterrez **Date:** August 29, 2012
From: Chaplain Samuel Longoria **Subject:** Offender Death Time Line
Hinojosa, Albert TDC 1802681

01:55—Was informed by Lt. Ruiz That Offender Hinojosa, Albert TDC # 1802681

02:30—Arrived at Christus Spohn Hospital, Beeville Tx. Began to obtain information about offender.

0312 Left Christus Spohn..

0330 Attempted to contact next of kin, Terry Guzman. No one answered. Kept trying to contact family to no avail.

0339 Contacted Robstown Police Department. I was notified that the address was under Nueces County jurisdiction and that I needed to contact the Corpus Christi Police Department.

0345 Contacted the Corpus Christi Police Department. Spoke with Kay and informed her of the situation. She informed me she would dispatch an officer to the the address mentioned.

0406 Seargent Guzman with the Corpus Christi Police Department notified Terry Guzman to contact me (Chaplain Longoria) that it was urgent to contact me.

0645 I called Sargent Guzman with the Corpus Christi Police Department to notified Terry Guzman to contact me (Chaplain Longoria) that it was urgent to contact.

0750 Terry Guzman contacted me, and I informed her of her cousins death (Albert Hinojosa). She informed me that his mother and brother lived a few house down the street and she would have them call me.

0800 I received a call from Rene Hinojosa (brother to offender Albert Hinojosa). I informed him of his brothers death and gave him information to Carnes funeral home. Rene informed me they would not be claiming the body as they could not afford the expenses.

0805 arrived at Garza West and did the paperwork until completion.

1209this completes time line

~~McGill/Hinojosa~~
Hinojosa-901

I-12391-08-12

Garza Complex Offender Transport Checklist

Unit NH

The Offender Transport Checklist will be completed when an offender is transported from the Garza Complex by Garza Unit staff. A Sergeant or above will be responsible for the completion of the checklist prior to an offender's departure from the complex. This form will be turned into the Major's office upon completion to be maintained on file.

Date/Time of transport 08-29-12/0100 Destination Spohn Bee Co. Hospital
Reason for transport Medical EMS
Offender Name/TDC# Hinojosa Albert 1802681
Pre-Designated Route Verified/Credit Card Sgt. Villegas
Travel Card Verified by Supervisor (Print/Sign) Sgt. Villegas
Designator Codes/High Risk N/A
Offender Disciplinary History N/A
Duty Warden/Warden Notified by Supervisor (Print/Sign) Lut. Ruiz E.
Transport team Officers COIV/COV/Valid Driver's License G. Olvera COV / Gutierrez J. COV
Weapon/Ammunition/357 Revolver/6 Rounds 1 357 6 rds
Communication Method (Cellular Phone/Phone Numbers/Handheld Radio) cell phone
Offender Strip Searched By (Print/Sign) Sgt. Villegas
Offender Dressed in Coveralls/2 Piece Uniform boxer on
Leg Irons, Hand Restraints, Belly Chain secured/double locked by (Print/Sign) Sgt. Villegas
Black Box Used (Print/Sign for disclaimer) COV J. Gutierrez
Transport Officers were advised that they are required to contact the unit in order to obtain authorization from the Duty Warden/Warden anytime the black box or restraints have to be removed from an offender at a free world hospital, unless it is a direly emergent situation (serious threat of life or death). In the event of an emergency situation, the transport Officers will notify the Duty Warden/Warden as soon as possible.
Property packed/Inventoried by/Location of Property/Secured away from offender N/A
Post Orders Received/Reviewed with Officer by (Supervisor) COV J. Gutierrez
Transport Vehicle Searched/Inspected by (Security/Mechanical) COIV Ruiz J.
Transport Bag Inventoried by (Print) Sgt. Villegas
Type of Chemical Agents Foam
Other Security Equipment Plastic cuffs, riot baton
Off-Site Command Center/Mrs. Rollings (CRO8409) notified/E-mail sent Departure/Return _____

Transport Officers should report any changes in the offender's behavior or condition, travel status, or vehicle problems to the highest ranking shift supervisor on the facility. We must maintain constant diligence and awareness regarding possible escape attempts, hostage situations, etc. The Shift Supervisor shall immediately notify the Duty Warden of any problems occur on the transport, and direct the Officers to the nearest secure facility or Sheriff's Office.

Supervisors will inspect all restraints prior to an offender's departure to ensure they have been properly applied. Supervisors will also search/inspect the transport vehicle prior to it departing the complex.

Supervisor's Signature (Print/Sign) Sgt. Villegas Date 08-29-12
Your signature constitutes an acknowledgement that this form has been properly reviewed, and has been accurately completed by a shift supervisor

I-12391-08-12

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION
INMATE TRANSFER ROSTER**

Transferring Unit: Prepare five (5) copies of this roster for each unit that is to receive men. Send original and duplicate with men being transferred. Triplicate: Attach to your daily strength report and mail to W.H. Gaston, Director, Personnel Records. Quadruplicate: Attach to your file copy of the daily strength report. Fifth copy: Inmate record section.

Receiving Unit: You must receive two copies of this form with each group of men transferred to your Unit. Original attach to your daily strength report.

Transfer From Garza West EFFECTIVE DATE OF CHANGE
Transfer To Bee Cos. Hospital 08-29- 20 12

Prison Number	Last	Name First	Middle	Race	Class	Remarks Reason for Transfer
1802681	Hinojosa	Albert		H		Medical 1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
						15
						16
						17
						18
						19
						20

NH
Shipping Unit

08-29- 20 12
Date

Spohn Bee Co Hosp.
Receiving Unit

1-058

McCallum/Hinojosa-92

I-12391-08-12

AD-03.29 (rev. 7)
Attachment C
Page 15 of 21

Texas Department of Criminal Justice AUTOPSY ORDER

In accordance with Section 501.055 of the Government Code, the following Order shall serve as authorization to perform an autopsy on the body of the deceased offender identified below.

Offender Name: <u>Albert Hinojosa</u> <small>(Print Name)</small>		TDCJ #: <u>1802681</u>
Date of Birth: <u>05/22/1968</u>	Race: <u>H</u>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Offender Pronounced dead at <u>0150 AM</u> on <u>August 29 2012</u> <small>(Print time, include am or pm) (Print date, month, date, year)</small>		
Location of Death: <input type="checkbox"/> Unit <u> </u> <small>(Print Unit Name)</small>		<input checked="" type="checkbox"/> Other <u>Spent Hospital</u> <small>(Print location, i.e. hospital name)</small>

Acting in my capacity as an authorized official of the Texas Department of Criminal Justice, I hereby order and decree that an autopsy be performed on the body of the above described offender. Said autopsy should be performed to determine the cause of death of the offender who died of natural causes while attended by a physician or registered nurse.

Said autopsy should include a determination of the cause of death and toxicological examinations of the urine, blood and other bodily matter as deemed necessary to determine types and amounts of alcohol or drugs if any are present in the body. I further order that said autopsy be performed by the UTMB Autopsy Service Physicians and/or associates.

It is understood that due care shall be taken to avoid unnecessary disfigurement of the body.

Further, said body shall be transported to Hosp Graveline (location of autopsy) by a representative or associate of Carnes Funeral Home, located in , Texas. Upon completion of the said autopsy, the body should be relinquished to a representative of the delivering funeral home who can be reached at (phone number) 409-986-9900, for transport.

Please forward copy of preliminary findings and reports to:

TDCJ Death Records Technician, Health Services Division
3009 Hwy. 30 West, Rm. 162
Huntsville, TX 77340

(936) 437-3631 (phone) (936) 437-3638 (fax)

Warden (or designee)

County Bee

City Beeville, Texas Zip Code 78102

McGill/M/Hinojosa-934

I-12391-08-12

AD-03.29 (rev. 7)
Attachment A
Page 13 of 21

Texas Department of Criminal Justice
TRANSPORT AUTHORIZATION FOR OFFENDER REMAINS

The undersigned authorizes and directs the coordinating funeral home
and/or its said agents or staff to make the removal of the said remains of
Albert Hinojosa from GARZA UNIT,
(Print Offender Name) (Print Unit/Location)
who died on 08/29/2012, and to hold until further notification
(Date of Death)
from the Warden of the unit with regards to the approval for an autopsy.

NOTE: If an offender death is determined to be from natural cause by a
certified medical physician, the offender's family will be provided the
opportunity to object to an autopsy.

Instructions: If death occurs on the unit the Warden shall sign this form authorizing the transport of the remains. If death occurs off the unit the Warden shall sign the form and shall deliver the form by the most expedient means to the appropriate medical staff at the location of the death.

[Signature]
Signature of Warden/Designee

WIMB BROWN / 8-29-2012
Printed Name

[Signature] RN
Medical Physician/Registered Nurse's Signature

SENKA GALVAN
Printed Name

Address of Physician/Registered Nurse:

1500 E Houston St.
Beaville Tx 78102

I-12391-08-12



**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL**

**INVESTIGATOR'S REPORT
OF CUSTODIAL DEATH**

OIG TRANSITORY #: (if necessary)			
CASE #	EAC #	OFFICIAL DATE & TIME OF DEATH:	AUTOPSY ORDERED?
	I-	8-29-12 1:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DECEDENT NAME: (LAST, First, MI)		RACE:	AGE:
Hinojosa, Albert		W	44
DOB:		5-22-68	
IDENTIFICATION #	UNIT OF ASSIGNMENT:	DATE & TIME FOUND:	
1892681	Garza West	12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
PLACE OF DEATH:	CITY	COUNTY:	ZIP CODE
Spohn Hospital	Beeville	Bee	78102
J.P. / M.E. NOTIFIED: (Name)	PRECINCT #	DATE & TIME J.P. / M.E. NOTIFIED	PHOTOGRAPHS?
Joe Leyvers	4	2:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF INQUEST:		DATE & TIME OF INQUEST:	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
★ LOCATION, POSITION and SURROUNDINGS of BODY ★			
Spohn hospital, Beeville, TX. ER #8. Laying on a hospital bed face up. Breathing tube located in the mouth. IV located in the right arm.			
★ SUMMARY of HOW DEATH OCCURRED ★			
Mr. Hinojosa was preparing for bed. TDCJ Officers noticed him having what appeared to be a seizure. An Ambulance was called and transported him to the hospital. Mr. Hinojosa was pronounced Dead at the hospital.			
TRANSPORTING FUNERAL HOME:		RECEIVING FUNERAL HOME:	
Carnes Funeral Home		Carnes Funeral Home	
INVESTIGATOR SIGNATURE:		TELEPHONE #:	
		4091-986-9900	

Law Enforcement Agency: TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OFFICE OF THE INSPECTOR GENERAL
P.O. Box 4003 - Huntsville, TX 77342-4003
(936) 437-6735

McCallum/Hinojosa-95

I-12391-08-12

INVESTIGATOR'S REPORT OF CUSTODIAL DEATH (Continued)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE - OFFICE OF THE INSPECTOR GENERAL

CASE #	DECEDENT NAME: (LAST, First MI) <i>Hinojosa, Albert</i>	IDENTIFICATION #
★ CLOTHING WORN BY DECEDENT ★		

- ☐ None
 ☐ Pants
 ☐ Shoes/Boots
 ☐ Jacket
☐ Belt
 ☐ Gown/Blouse
 ☐ Dress
 ☒ Other (list details below)

Torn Offender Boxer shorts.

★ PROPERTY SENT WITH DECEDENT ★

None

★ MEDICAL HISTORY ★

- Was death attended? ☐ Yes ☒ No
 History of suicide? ☐ Yes ☒ No
 Previous history of illness? ☐ Yes ☒ No
 HIV? ☐ Yes ☒ No

HOSPITAL NAME: <i>Christus Spohn</i>	ADDRESS: <i>1500 E Houston Hwy</i>	TELEPHONE: <i>361 354-20</i>
PHYSICIAN CONTACTED: (Name) <i>Dr. Bartki</i>	ADDRESS: <i>1500 E Houston Hwy</i>	TELEPHONE: <i>361 354-20</i>

DIAGNOSIS: *preliminary: Mr. Hinojosa had an elevated heart rate when he arrived at the hospital and was not breathing regularly. His heart rate then stopped.*

★ NEXT OF KIN INFORMATION ★

NEXT OF KIN: <i>Pending</i>	ADDRESS:	TELEPHONE: () -
NEXT OF KIN NOTIFIED BY: (Name)	TELEPHONE: () -	DATE & TIME NOTIFIED: <input type="checkbox"/> AM <input type="checkbox"/> PM

★ IDENTIFICATION ★

- HOW: ☒ Offender Records
 ☐ Fingerprints
☒ Viewed at Hospital/Scene
 ☐ Other

★ DOCUMENTATION ★

- ☒ Order for Autopsy
 ☐ Clinic Notes (last 72 hrs)
☒ ER Report (if available)
 ☒ Copy of Travel Card

Verification Made By:

Relationship to Decedent:

REPORT DISTRIBUTION: (Include Complete Documentation)

(1) Case File (2) J.P. (3) To Accompany Body



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

I-12391-08-12

OFFICE OF THE INSPECTOR GENERAL

John M. Moriarty
Inspector GeneralAuthorization For Autopsy

I, Joe Lyons, Justice of the Peace, Precinct # 4,
Brewer County, Texas, hereby authorize UTMB or
 his/her representative to perform an autopsy upon the body of Albert
Hinojosa and to remove or retain such parts of
 the body or its tissues as may be necessary to determine the cause of death. After the
 autopsy the body should be released to Carnes Funeral Home.

Signature Joe Lyons Date 8-29-2012
 Address 301 E. Sullivan Telephone # 361-287-3436
SKidmore, Tx 78389 361-542-8771

Information Concerning Death

Investigator Chaden Tolleson Agency OIG
 Telephone # 361-362-6310 Case # _____
 Decedent Albert Hinojosa Age 44 DOB 12/68 Sex M Race W
 Date/Time of Death 08-29-2012 3:18 am Date/Time of Injury _____
 Place of Injury _____
 If Unattended, Date/Time Found _____
 Circumstances _____

 Special Concerns _____

Please send a copy of the autopsy report to: TDCJ-Office of Inspector General - Attn: Investigator _____

968 Ofstie Beeville, Texas 78102
Office # 361-362-6310 Fax # 361-362-6314

McCallum/Hinojosa-978

I-12391-08-12

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Offender Property Inventory**

CONTROL #

Offender (Print name):

Hinojosa, Albert

TDCJ#:

1802481

Unit:

NI

Date of Inventory:

08.28.12

Reason for Inventory:

Death**Section I: Authorized Offender Property**

Instruction: Enter the quantity in the appropriate column beside the item at time of inventory.

KEY: "Q" = In Offender's possession; "P" = Stored in Property Room; "R" = Must be registered; "F" = Only females may possess.

ITEM	Q	P	ITEM	Q	P	ITEM	Q	P	ITEM	Q	P
Consumable Items			Gender-Related (Females Only)			Personal Hygiene Items			Miscellaneous Items		
Bread			* Bobby Pins			Activator			✓ Alarm Clock (Limit 1)		
Canned Drinks			* Bras (Limit 7)			After Shave			Commissary Bag		
Candy			* ✓ Curling Iron			Baby Oil			Commissary Chain (Limit 1)		
Cheese			* Douche Items			Baby Powder			Cup		
Chips			* Gender Box			Brush			Handkerchief		
Coffee			* ✓ Hair Dryer			Comb			Pencil Sharpener (Limit 1)		
Crackers			* Hair Accessories (6 items/sets)			Conditioner			Plastic Bowl		
Hot Sauce			* Hair Rollers (Limit 24)			Dental Flossers			Plastic Lock/key (1 per box)		
Jelly			* Hair Ties			Deodorant			Small Nail Clippers (Limit 1)		
Meats			* Make-up (10 Items)			Foot Powder			Spoon		
Pastries			* Panties (Limit 7)			Hair Dressing/Food			Tweezers		
Peanut Butter			* Perfume Lotion (Limit 2)			Hair Gel			Work Gloves (Limit 1)		
Pickles			* Sanitary Napkins/Tampons			Lotion			TDCJ Rule Book (GR-107)		
Soup			* Stud Earrings (Limit 2 pair)			Petroleum Jelly					
Spreads			Health Care Devices/Supplies			Razor, Disposable			<i>Miscellaneous Papers (bundled)</i>		
Sweetener			✓ Prescription Eye Glasses			Shampoo					
Tortillas			✓ Prescription Sun Glasses			Shaving Cream					
Correspondence/Publications						Shower Shoes					
Letters			(✓ Only if free-world)			Soap/Soap Dish					
Magazines			Jewelry Items (Each)			Tooth Brush/Holder					
Newspapers			✓ Wedding Ring			Tooth Paste/Powder					
Craft Items			✓ Wrist Watch			Religious Items					
Colored Pencils			Legal Materials			✓ Medallion (Religious)					
Water Colors			Pleadings, Transcripts, law books, notes, atty. letters, carbon paper, writ envelopes, etc. Estimate Qty.			Other: (Headband, Hijab, Kufi, Medicine Bag, Natural Objects, Prayer Rug, Tallith, Prayer Shawl, Turban, Wooden Comb, Yarmulke)					
Educational Items			Necessity Items			Stationery Items					
Alt Books			Gym Shorts-Personal (Limit 4)			Envelopes					
Literature (Pamphlets)			Shoes (State-issue, limit 1 pair)			Greeting Cards					
Electrical Equipment (Each)			Shoes (✓ Personal, limit 1-2 pair)			Ink Pens					
✓ Fan			Socks-Personal (Limit 4 pair)			Paper					
Headphones			Thermal Bottom-Personal (Limit 2)			Pencils					
✓ AM/FM Booster/Antenna			T-shirt-Personal (Limit 4)			Stamps (60 Max.)					
✓ Hot Pot						Tablets					
✓ Outlet Adapter											
✓ Clamp-on Lamp											
✓ Radio											
✓ Typewriter/Word Processor											

SECTION II: Staff Acknowledgment of a complete and accurate inventory

Instructions: If offender is not present during inventory, there must be a staff witness.

Inventory Staff (Print name):

L. Hebler I/m Prop.

Signature/Date:

W. Chaster 8/29/12

Staff Witness (Print name):

Signature/Date:

SECTION III: Offender Receipt of Property

I have reviewed the above inventory of my personal property and it is correct. I understand that if I choose to possess property while in TDCJ, I consent to its rules and regulations regarding acquisition, possession, storage, and disposition. I also understand that in the event of loss or damage determined to be the responsibility of TDCJ, reimbursement would generally be paid at no more than \$50 per item.

A. Items Retained by Offender and/or stored in the Property Room (See items marked above)

Offender (Signature/Date):

Staff Initials/Date:

B. Items Returned to Offender (See items marked above)

Offender (Signature/Date):

Staff Initials/Date:

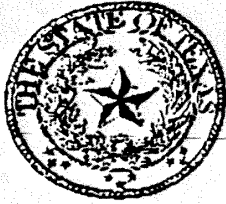
Instructions on back of Form

Las instrucciones de espalda de forma

PROP-05 (1-1-2005)

Original Offender File; Yellow Property Room/Intake; Pink with Stored Property; Gold to Offender

McCallum/Hinojosa-98



I-12391-08-12

Texas Department of Criminal Justice

Brad Livingston
Executive Director

August 28, 2012

Rene Hinojosa
816 Garcia St.
Robstown, TX 78380

Dear Mr. Hinojosa and Family:

It is with great sadness that Albert your loved one was taken home at such an early age. It reminds me of Psalm 39: 4 that say's "Lord, make me to know my end, and what is the measure of my days. that I may know how frail I am". His battles and worries are over. May the God that surpasses our understanding give you comfort during this time of sorrow.

Please feel free to call me at 361-362-9048 if I can be of further assistance to the family. My work days and hours are Monday-Friday 8:00 a.m. until 5:00 p.m.

May Heaven smile upon you during this time of healing. Be assured that if you require additional and prayerful support The Texas Department of Criminal Justice Chaplains are willing and available to pray, listen and support your family until you get through this time of bereavement and grief.

In His Service


Chaplain Samuel Longoria

*Our mission is to provide public safety, promote positive change in offender
Behavior, reintegrate offenders into society, and assist victims of crime.*

P.O. Box 99
Huntsville, Texas 77342-0099

McGill/M/Hinojosa469

I-12391-08-12



Texas Department of Criminal Justice

Brad Livingston
Executive Director

August 29, 2012

Rene Hinojosa
816 Garcia Street
Robstown, Texas 78380

RE: Hinojosa, Albert TDCJ ID # 1802681
Personal Property

Dear Mr. Hinojosa and Family:

First, allow me to say, I am very sorry for your loss. It was my responsibility to inventory and store your brother's personal belongings. It was found that he owned the following:

- | | | |
|----|--|----|
| 1. | Letters- Personal | 15 |
| 2. | Books – Bible | 1 |
| 3. | Prescription Eye Glasses – not state issue | 1 |
| 4. | Toothbrush | 1 |
| 5. | Miscellaneous paperwork (bundle) | 1 |

You have the option of allowing the Unit Property Officer to dispose of the property or you may retrieve it through one of the following methods.

1. Provide postage for the property to be mailed to you. Should you choose this method, please contact me for information regarding cost of mailing.
2. Pick up the property. Should you chose this option, you may do so during regular visitation hours, by appointment only. (Note: only you or someone specifically designated by you may pick up this property. It may not be released to anyone not approved and will not be released except by appointment)

This property may be stored in the unit property room for a period not to exceed, 60 days. After that time, it must be destroyed. Please contact me within 30 days to make arrangements regarding this property at the address below or at telephone number 361-358-9890.

Sincerely,

Handwritten signature of L. Hester in black ink.

L. Hester
Offender Property Officer

Handwritten signature of Daniel Fernandez in black ink.

Daniel Fernandez
Major

LH/cr

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

E. H. Gutierrez, Jr., Senior Warden
Garza East Unit Garza West Unit
4304 Hwy 202 4250 Hwy 202
Beeville, Texas 78102 Beeville, Texas 78102

McGill/MSH/Ajosa/001

TR
Jen

Mene

I-12391-08-12

 *** REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER ***

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 172050 DATE: 08/31/12 TIME: 08:24 PRIORITY: 000

TO: HOEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: MBE7093 - TAMEZ, MELISSA
 CORRECTIONAL CLINICAL ASSOC.
 GARZA WEST UNIT

SUBJECT: DEATH NOTIFICATION

*****DEATH NOTIFICATION*****

INMATE: HINOJOSA, ALBERT TDCJ# 1802681
 DATE OF DEATH: 08292012
 CUSTODY: NR STATUS: RACE: H DOB: 05/22/68 AGE: 44
 CAUSE OF DEATH: CARDIAC ARREST TIME: 1:50 DOCTOR: DR. BATKI
 PLACE OF DEATH: BEE COUNTY
 DUTY WARDEN: RONALD GIVENS TIME: 0035
 JUSTICE OF THE PEACE: J.P. LYVERS TIME: 0255
 TDCJ-ID-IAD: I-12391-08-12 TIME: 0329
 CARNES FUNERAL HOME: TEXAS CITY TIME: 0301
 CHAPLAIN: SAMUEL LONGORIA TIME: 0230
 EAC: I-12391-08-12 TIME: 0329
 APPROVAL OF AUTOPSY BY N.O.K. () YES (X) NO () UNABLE TO CONTACT
 N.O.K. TERRY GUZMAN TIME 0406 HRS PHONE
 ADDRESS: FAMILY WILL () WILL NOT (X) CLAIM BODY
 ADDRESS:
 LOCATION OF BODY:
 LOCATION OF INMATE PROPERTY:

Sent to: HSM0016 DEATH RECS/CAROLYN MCMILLIAN (to)
 HVWAR01 HUNTSVILLE_WARDENS_OFFICE (to)
 CHAPSUP KELLUM, MERLINE (to)
 HOEAC01 CENTER, EMERGENCY ACTION (to)
 CAS7772 ASHWORTH, CARISE D. "CARI" (to)
 KEN2430 ENLOE, KELLY (to)

TR/
Deutch

 *** REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER ***

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 159616 DATE: 08/29/12 TIME: 11:49 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: JHA4470 - HALES, JAMES
 CAPTAIN
 GARZA WEST UNIT

SUBJECT: I-12391-08-12 UPDATE

BE ADVISED THAT ON 08-29-12 AT APPROXIMATELY 0750 HOURS THE NEXT OF KIN
 OF OFFENDER HINOJOSA, ALBERT #1802681 HIS BROTHER MR. RENE HINOJOSA
 WAS CONTACTED BY CHAPLAIN SAMUEL LONGORIA. MR. HINOJOSA WAS NOTIFIED OF
 THE DEATH OF HIS BROTHER IN CUSTODY AND MR. HINOJOSA STATED THE FAMILY
 DID NOT WISH TO CLAIM THE BODY OF OFFENDER HINOJOSA.

FROM: CAPTAIN JAMES HALES
 AUTH: WARDEN E.H. GUTERREZ

Sent to: GARZAEAC (list) (to)

TR
Death

T 12391-08-12

 *** REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER *

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 157324 DATE: 08/29/12 TIME: 10:54 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: SLO1923 - LONGORIA, SAMUEL
 CHAPLAIN III
 REGION IV DIRECTOR'S OFFICE

SUBJECT: DEATH NOTIFICATION

*****DEATH NOTIFICATION*****

INMATE: HINOJOSA, ALBERT TDCJ# 1802681
 DATE OF DEATH: 08/29/2012
 CUSTODY: NR STATUS: RACE: HISPANIC DOB: 05/22/68 AGE: 44
 CAUSE OF DEATH: TIME: 01:50AM DOCTOR: BATKI
 PLACE OF DEATH: CHRISTUS SPOHN HOSPITAL BEEVILLE
 DUTY WARDEN: RONALD GIVENS TIME: 0035
 JUSTICE OF THE PEACE: JOE LYVERS TIME: 0255
 TDCJ-ID-IAD: MR. LAYMAN TIME: 0208
 CARNES FUNERAL HOME: TIME: 0301
 CHAPLAIN: LONGORIA, SAMUEL TIME: 155
 EAC: TIME:
 APPROVAL OF AUTOPSY BY N.O.K. (X) YES () NO () UNABLE TO CONTACT
 N.O.K. RENE HINOJOSA TIME 0750 HRS PHONE 361-443-1363
 ADDRESS: 816 GARCIA ST. FAMILY WILL() WILL NOT(X) CLAIM BODY
 ADDRESS: ROBSTOWN TX.78380
 LOCATION OF BODY:
 LOCATION OF INMATE PROPERTY: GARZA WEST PROPERTY ROOM

Sent to:	HSMA016	DEATH RECS/CAROLYN MCMILLIAN	(to)
	HVWAR01	HUNTSVILLE_WARDENS_OFFICE	(to)
	CHAPSUP	KELLUM, MERLINE	(to)
	HQEAC01	CENTER, EMERGENCY ACTION	(to)
	CAS7772	ASHWORTH, CARISE D. "CARI"	(to)
	KEN2430	ENLOE, KELLY	(to)
	JHA4470	HALES, JAMES	(to)
	EGU6548	GUTERREZ, E.H. "ERNIE"	(to)
	RGI7509	GIVENS, RONALD	(to)
	SLO1923	LONGORIA, SAMUEL	(to)

TRI
Death

I-12391-08-12

 *** REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER **

 *** S Y S M I N B A S K E T P R I N T **

MESSAGE ID: 157058 DATE: 08/29/12 TIME: 08:35 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: ERU9284 - RUIZ, EISMAEL JR.
 2/B LIEUTENANT
 GARZA WEST UNIT

SUBJECT: ADDENDUM OFFENDER DEATH

TO: ALL CONCERNED
 FROM: LT. E. RUIZ, JR.
 SUBJECT: ADDITIONAL INFORMATION

THE FOLLOWING IS ADDITIONAL INFORMATION THAT WAS NOT ADDED TO THE
 INITIAL E-MAIL DUE TO NOT HAVE SUFFICIENT TYPING SPACE FOR INCIDENT
 I-12391-08-12
 DURING THE TIME THAT THE ICS WAS CALLED FOR OFFENDER HINOJOSA #
 1802681 THE DORM TEMPERATURE WAS 85 DEGREES. THE OUT SIDE AIR
 TEMPERATURE WAS 79 DEGREES AND THE HUMIDITY WAS 74 PERCENT AND THE HEAT
 INDEX WAS 86 DEGREES. THE CAUSE OF DEATH WAS NOT THE RESULT OF THE
 HEAT.

DURING THE NOTIFICATION OF THE NEXT OF KIN THERE WAS NO CORRECT PHONE
 NUMBER AND THE SECOND PHONE NUMBER WAS DISCONNECTED. CHAPLAIN S.
 LONGORIA DID HAVE TO MAKE CONTACT WITH THE CORPUS CHRISTI POLICE
 DEPARTMENT TO ASSIST HIM IN THE NOTIFICATION PROCESS. A SGT. FROM THE
 POLICE DEPARTMENT CONTACTED THE NEXT OF KIN. THE FAMILY WAS ADVISED
 TO CONTACT CHAPLAIN LONGORIA FOR MORE INFORMATION.

LT. E. RUIZ, JR.
 GARZA WEST 2/B

Sent to:	HQEAC01	CENTER, EMERGENCY ACTION	(to)
	DFE3023	FERNANDEZ, DANIEL	(to)
	CRO8409	ROLLINGS, CONNIE	(to)

McGill/M/Hinojosa 405

*1st
Death*

Offender Death

 *** REQUESTOR: BMI9851 - MINOR, BARBARA EMERGENCY ACTION CENTER **

 *** S Y S M I N B A S K E T P R I N T **

MESSAGE ID: 156023 DATE: 08/29/12 TIME: 06:02 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: ERU9284 - RUIZ, EISMAEL JR.
 2/B LIEUTENANT
 GARZA WEST UNIT

SUBJECT: OFFENDER HINOJOSA #1802681

EAC USE ONLY: DATE REPORTED:.....*8/29*.....TIME REPORTED:..*0329*.....

EMERGENCY ACTION CENTER INCIDENT NO: I - 12391 - 08 - 12
 MAJOR USE OF FORCE NUMBER (IF APPLICABLE): M - - -
 TYPE OF INCIDENT: OFFENDER DEATH
 UNIT: NH REGION IV DATE OCCURRED: 08 / 29 / 2012 TIME OCCURRED: 0150
 SPECIFIC LOCATION: SPOHN BEE COUNTY HOSPITAL
 INITIAL INCIDENT COMMANDER: (IF APPLICABLE)
 RANK/NAME: SGT. R. VILLEGAS
 FINAL INCIDENT COMMANDER (IF COMMAND WAS TRANSFERRED):
 RANK/NAME:
 LEVEL OF RESPONSE: (INDICATE ALL THAT APPLY)
 X A B C D E N/A (IF INCIDENT WAS HANDLED WITHOUT
 REQUEST FOR RESPONSE TEAM)
 GANG IDENTIFICATION: N/A
 WAS OFFICE OF INSPECTOR GENERAL NOTIFIED: X YES NO
 WAS INCIDENT RACIALLY MOTIVATED: YES X NO

OFFENDER INFORMATION

OFFENDER NAME (LAST, FIRST M)	TDCJ NO	CUST	RACE	SEX	AGE	INJ	A-V
HINOJOSA, ALBERT	1802681	NR	H	M	44	N	

WERE OFFENDERS TRANSFERRED TO A HOSPITAL X YES NO
 BY: X EMS VAN LIFE FLIGHT
 NAME OF HOSPITAL: SPOHN BEE COUNTY HOSPITAL
 TREATMENT: LIFE SAVING MEASURES

~~McGuffin/Hinojosa~~ 405

NAME (LAST, FIRST M)	EMPLOYEE INFORMATION					RANK
	SSN	RACE	SEX	AGE		

WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING
 WAS A RAPE KIT COMPLETED YES X NO DECLINED
 WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES X NO DECLINED
 IF YES NAME/TITLE OF REPRESENTATIVE: N/A

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING
 DATE: 08 / 29 / 2012 TIME: 01 : 50 PRONOUNCED DECEASED
 PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: DR. BATKI
 COUNTY WHERE DEATH OCCURRED: BEE
 PRELIMINARY CAUSE OF DEATH: CARDIAC ARREST
 NEXT OF KIN NOTIFIED X YES NO DATE: 08 / 29 / 2012 TIME: 04 : 06
 NAME OF NOK: TERRY GUZMAN
 CARNES FUNERAL HOME NOTIFIED X YES NO
 JUSTICE OF PEACE NOTIFIED: X YES NO

DESCRIPTION OF WEAPON(S) CONTRABAND

N/A

AMOUNT	CHEMICAL AGENT INFORMATION		AUTHORIZATION
	LIST TYPE		

N/A

WAS TEAM AUTHORIZED YES X NO DECONTAMINATED YES X NO INJURIES YES X NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO THIS INCIDENT?
 YES NO X

IF YES, INDICATE APPLICABLE

PARCEL SCANNER
 WALK THROUGH METAL DETECTOR
 HAND HELD METAL DETECTOR
 B.O.S.S. CHAIR
 VIDEO SURVEILLANCE
 HEARTBEAT DETECTION SYSTEMS
 BODY ALARM
 PERIMETER FENCE DETECTION SYSTEMS
 STAB-RESISTANT VEST
 NARCOTIC DETECTOR CANINE
 CELL PHONE DETECTOR CANINE
 PACK CANINES

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S.A.R. CANINES
CADAVER CANINES
CONTRABAND INTERDICTION SHAKEDOWN TEAM
OTHER: N/A

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S) IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

SUMMARY OF INCIDENT

ON WEDNESDAY, AUGUST 29, 2012 AND AT APPROXIMATELY 0001 HOURS, OFFICER A. QUINTANILLA CO IV INITIATED THE INCIDENT COMMAND SYSTEM AND REQUESTED A SUPERVISOR FOR AN UNRESPONSIVE OFFENDER, "A" RESPONDERS, FIRST AID KIT, VIDEO CAMERA TO W-8 DORM. OFFENDER HINOJOSA ALBERT 1802681 H/M/44/NR WAS IDENTIFIED AS HAVING A POSSIBLE SEIZURE. SGT. R. VILLEGAS RESPONDED TO THE DORM.

LT. E. RUIZ, JR. (GARZA WEST 2/B) CALLED OVER THE TELEPHONE TO CALL 911 AT APPROXIMATELY 0024 HOURS. ANGEL CARE AMBULANCE SERVICE ARRIVED AT THE GARZA WEST UNIT AT APPROXIMATELY 0035 HOURS. OFFENDER HINOJOSA WAS PLACED IN THE AMBULANCE AND THE EMERGENCY TECHNICIANS BEGAN TO ACCESS OFFENDER HINOJOSA.

DUTY WARDEN RONALD GIVENS WAS NOTIFIED AT APPROXIMATELY 0035 HOURS BY TELEPHONE BY LT. E. RUIZ, JR. OF THE CRITICAL CONDITION OF OFFENDER HINOJOSA ALBERT 1802681.

AT 0105 HOURS OFFENDER HINOJOSA WAS TRANSPORTED TO SPOHN BEE COUNTY HOSPITAL HOSPITAL VIA AMBULANCE. OFFICER G. OLVERA CO V AND OFFICER J. GUTIERREZ CO V WERE THE ARMED CORRECTIONAL OFFICERS WHO WERE UTILIZED FOR THE TRANSPORT. THE ATTENDING PHYSICIAN AT CHRISTUS SPOHN HOSPITAL EMERGENCY ROOM WAS DR. BATKI.

LT. E. RUIZ, JR. WAS CONTACTED BY OFFICER G. OLVERA CO V AT APPROXIMATELY 0130 HOURS THAT OFFENDER HINOJOSA STOPPED BREATHING. OFFICER OLVERA REPORTED THAT LIFE SAVING MEASURES WERE BEING PERFORMED BY THE EMERGENCY ROOM MEDICAL STAFF. OFFENDER HINOJOSA ALBERT DID NOT RESPOND TO THE LIFE SAVING MEASURES. AT APPROXIMATELY 0150 HOURS A MEDICALLY ATTENDED DEATH WAS PRONOUNCED BY THE EMERGENCY ROOM ATTENDING PHYSICIAN DR. BATKI. PRIOR TO THE PASSING OF OFFENDER HINOJOSA ALBERT 1802681 IT WAS NOTED THAT OFFENDER HINOJOSA HAD A HIGH ARRHYTHMIA WITH A HIGH HEART RATE AND THEN IT ALL DROPPED. REGISTERED NURSE S. GALVAN FROM SPOHN BEE COUNTY HOSPITAL STATED THE DEATH OF OFFENDER HINOJOSA ALBERT 1802681 WAS A RESULT OF A POSSIBLE CARDIAC ARREST.

LT. E. RUIZ, JR. CONTACTED OFFICE OF THE INSPECTOR GENERAL ON CALL OFFICER LAYMAN AT APPROXIMATELY 0208 HOURS. OIG OFFICER TOLLISON ARRIVED AT SPOHN BEE COUNTY HOSPITAL AT 0252 HOURS.

JUSTICE OF THE PEACE J. P. LYVERS WAS NOTIFIED AT APPROXIMATELY 0255 HOURS AND ARRIVED AT SPOHN BEE COUNTY HOSPITAL AT APPROXIMATELY 0318 HOURS.

REGION IV CHAPLIN SAMUEL LONGORIA WAS NOTIFIED BY TELEPHONE AT 0155 HOURS BY LT. E. RUIZ, JR. CHAPLIN LONGORIA ARRIVED AT SPOHN BEE COUNTY HOSPITAL AT APPROXIMATELY 0230 HOURS. THE CORPUS CHRISTI POLICE DEPARTMENT DID MAKE

12391

McCallum/Hinojosa

CONTACT WITH THE NEXT OF KIN AT 0406 HOURS. THEY WERE ASKED TO CONTACT CHAPLIN S. LONGORIA.

THE FOLLOWING NOTIFICATIONS WERE MADE: WARDEN E. H. GUTERREZ WAS NOTIFIED AT APPROXIMATELY 0206 HOURS. WARDEN RONALD GIVENS WAS NOTIFIED AT APPROXIMATELY 0035 HOURS. REGION IV DIRECTOR EILEEN KENNEDY WAS NOTIFIED AT APPROXIMATELY 0210 HOURS. MAJOR DANNY FERNANDEZ WAS NOTIFIED AT APPROXIMATELY 0211 HOURS. OFFICE OF THE INSPECTOR GENERAL OFFICER LAYMAN WAS NOTIFIED AT APPROXIMATELY 0208 HOURS. JUSTICE OF THE PEACE J. P. LIVERS WAS NOTIFIED AT APPROXIMATELY 0255 HOURS. KARNES FUNERAL HOME WAS NOTIFIED BY WARDEN R. GIVENS AT APPROXIMATELY 0301 HOURS AND ARRIVED AT 0505 HOURS AND REMOVED THE REMAINS OF OFFENDER HINOJOSA AT APPROXIMATELY 0525 HOURS. MS. BARBRA MINOR OF THE EMERGENCY ACTION CENTER WAS CONTACTED AT APPROXIMATELY 0329 HOURS AND ISSUED NUMBER, I-12391-08-12 TO THE REPORT.

(SEND ADDITIONAL INFORMATION TO HQEAC01 INCLUDE INCIDENT NUMBER AS SUBJECT)

PREPARED BY: LT. E. RUIZ, JR.

DATE: 08 / 29 / 2012

AUTHORIZED BY: WARDEN II E. H. GUTERREZ JR.

Sent to: GARZAEAC

<list>

<to>

12391

McGuffin/Hinojosa 408